

1

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09263626	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
/ 1							/ 51					
/ 2							/ 52					
/ 3							/ 53					
/ 4							/ 54					
/ 5							/ 55					
/ 6							/ 56					
/ 7							/ 57					
/ 8							/ 58					
/ 9							/ 59					
/ 10							/ 60					
/ 11							/ 61					
/ 12							/ 62					
/ 13							/ 63					
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/ 17							/ 67					
/ 18							/ 68					
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/ 38							/ 88					
/ 39							/ 89					
/ 40							/ 90					
/ 41							/ 91					
/ 42							92					
/ 43							93					
/ 44							94					
/ 45							95					
/ 46							96					
/ 47							97					
/ 48							98					
/ 49							99					
/ 50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					